

**Statement of Ranking Member Dave Camp
Subcommittee on Health
Hearing on Part D Beneficiary Protections
June 21, 2007**

Thank you, Chairman Stark.

Today, 28 million Medicare beneficiaries are receiving assistance with their prescription drug costs as a result of the Medicare Modernization Act. A total of 39 million Medicare beneficiaries now have prescription drug coverage – a significant success.

The impact Part D has had on Medicare beneficiaries speaks for itself – seniors are saving an average of \$1,200 off the costs of their prescription drugs this year. National polls show that more than 80% of seniors are satisfied with their new benefit.

The costs of the program are also much lower than earlier estimates. Because Medicare plans negotiated deeper discounts, cost estimates from the

Congressional Budget Office and Office of Management and Budget show the cost of drug benefit for taxpayer is nearly \$200 billion less than originally anticipated.

That is not to say that start of this program was without problems.

Beneficiaries had difficulties getting information about their plan choices, were confused with the enrollment process, or encountered problems with their co-payment amounts.

In response to these difficulties, Secretary Leavitt, CMS Administrators McClellan and Norwalk, their staffs and literally thousands of senior advocates, pharmacists and Medicare plan employees worked together to fix the problems and assist Medicare beneficiaries in choosing the plan that best met their needs. I applaud everyone involved for their help working through these problems.

Yet there are calls to modify or gut the Medicare drug benefit. Before we rush to adopt the "reforms" that some of our witnesses will talk about today, I hope that we will look at the actual experiences of beneficiaries who are enrolled in the program.

One example of this type of problematic reform would be the proposal to restrict beneficiaries' choices, limiting them to just a few government approved plan options. While many beneficiaries were confused by the large number of plans, less than 10% of them chose the so-called "standard benefit" designed by Congress. We should not be surprised that seniors, rather than government bureaucrats, were better able to judge which plan best fits their health care needs.

Is Part D perfect? Of course not. Can Part D be improved? Absolutely. But we need to tread carefully when considering fundamental changes to this important, successful, and well-liked program.

Mr. Chairman, before I yield back I'd just like to say one thing. I'm concerned by a few inaccuracies that are contained within the testimony of some of those on the second panel today.

Two witnesses claim that CMS does not notify beneficiaries of their right to an appeal when, to my knowledge, CMS dedicates 10 pages on these rights in the

“Medicare and You Handbook” that is mailed each year to every beneficiary.

These same witnesses claim that beneficiary advocates do not have access to the three compendia that govern the approval for off-label prescription drug use.

However, I’m told that these compendia are widely available in both electronic and print format. In fact, one of these compendia is posted on a free Internet site.

Our subcommittee holds these hearings to gain a better understanding of important issues to help guide our actions during the legislative process. We must be able to trust that the information being presented at these hearings is accurate. I hope that the Chairman and other members of this subcommittee share my concerns.

With that Mr. Chairman, I yield back the balance of my time.